

INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From: $2-11-6$	08 to 4-20-08		
1. Committee I.D. Number	4. Committee's Mailing Address			
138023	Macomb, MI 480	L De		
2. Committee Name	Macomb, MI 48C)40		
Protect Our Future	Area Code and Phone (580) 20.3	-X(e33		
Macomb	If the address in this box is different from the co Organization, mail may be sent to this address	ommittee mailing address on the Statement of		
5. Treasurer's Name and Residential Address		- 12 CM		
Nathan Hlavin				
18905 England DR.		mma Title (
18905 England DR. Maconb, MI 48042	Area Code and Phone (5%)			
6. Treasurer's Business Address	7. Designated Record Keeper's Name and Maili	ng Address (If the committee has a Designated		
Cibee, Inc.	Record Keeper)			
4000 Towncenter		文章 April CD April CD		
Stel400 Southfield, NI				
Area Code and Phone (248)943-5	5247	Area Code and Phone		
8. TYPE OF STATEMENT:		APPLICABLE TO INDEPENDENT AND		
APPLICABLE TO INDEPENDENT AND POLITICAL		POLITICAL COMMITTEES REGISTERED		
COMMITTEES REGISTERED ON STATE LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED	ON STATE AND COUNTY LEVEL		
8a. TRIANNUAL STATEMENTS	ON COUNTY LEVEL			
Even Year Odd Year	8d. ANNUAL STATEMENT	8g. TATEMENT TO CAMPAIGN STATEMENT		
	Coverage Year)	(Complete item 8a, 8b, 8c 8d, 8e, 8f or 8h		
☐ April 25 ☐ January 31	8e. PRE-ELECTION OR	to indicate which Statement is being amended)		
July 25	8f. POST-ELECTION	n. []		
October 25 October 25	Pre-Election or Post-Election	8h. DISSOLUTION OF COMMITTEE		
BL	Statement relates to:			
8b.QUARTERLY STATEMENTS CAUCUS COMMITTEES (ONLY)	PRIMARY GENERAL	Effective Date of Dissolution		
,,	CONVENTION SCHOOL	By checking this item, IVWe certify that the committee has no asset or outstanding		
January 31 April 25		debts, including late filing fees. Further, I request that if the dissolution cannot be		
July 25 Cotober 25	SPECIAL CAUCUS	granted, that this be considered a request for the Reporting Waiver.		
July 25 October 25	Date of Election, Convention or Caucus:			
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.				
Verification: I certify that all reasonable diligence was used in knowledge and belief the contents are true, accurate and comp		chedules (if any) and to the best of my		
Current Treasurer or NATHAN HIAVIN	, 26	Date 6/2/08		
Designated Record Keeper Type or Print Name	Signature			
		· · · · · · · · · · · · · · · · · · ·		



1. Committee I.D. Number 13

138033

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name PROTECT OUR FUTURE MACOMB

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
Contributions Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) s 1467.05	3.0.00
b, Uniternized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1467.05	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS	(5.) \$ 1467.05	(20.) \$
In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	
b. Uniternized (less than \$20.01 each - no Schedule)	(6b.) \$NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$	(21.)\$
8. Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 53.6d	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	
 c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) 	(84) \$	
d. Uniternized (less than \$50.01 each - no Schedule)	(bu.) 5	
e. Subtotal of Expenditures	(8e.) \$	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES	(10.) \$ 804. F3 O	(24.) \$
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) DEBTS AND OBLIGATIONS	(11.)\$ 304. 55	(25.) \$
12. Debts and Obligations a. Owed by the Committee (Schedule 2E)	(122.)\$ 304.55	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	I
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.)+ 1467.05	
15. SUBTOTAL Add lines 13 and 14	(15.)= 1467.05	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ 1467.05	*

^{*}If your ending balance is negative, please recheck your math.



ITEMIZED CONTRIBUTIONS	1. Committee I.D. Number	138023	
SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE	\mathcal{T}_{-}		
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Committee (Both are commonly called PACs).	Committee Name Post lual, enter last name, first name mittee or an Independent	e. 6. Armount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 3-4 Name & Address:	1-08	~ ~ W	uate of receipt)
Desaele, Philis		s 30	\$
42430 Utica Rd. Steeling Hgts, M) 5. If over \$100.00 cumulative, please provide:	48314		•
		Click Here for	Memo Itemization Type
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 3- Name & Address:	4-08	10000	
Rengeet, Keith 34080 aemada Rd		\$ <u>100</u>	<u> </u>
Echning, MI 48062 5. If over \$100.00 cumulative, please provide:		Click Here for N	demo Itemization Type
5. If over \$100.00 cumulative, please provide: Occupation Employer			
Business Address	, , , , , , , , , , , , , , , , , , , ,		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC? YES 4. Date of Receipt	7-08		
Name & Address: Rengelt, Keith		\$ 100°°	\$ 200°°
34080 acmada Rd.		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			,
Occupation Commissioner Employer County of	Macomb		
Business Address One South main St. mt	clemens, MI		
Type of Contribution: Direct Loan from a person	Fund Raiser	······································	
3. Contribution # 4 Is this contribution from a PAC? YES 4. Date of Receipt 3	5-08		_
Desacle Philis		s 25°°	\$ 45°CO
42430 Unica Rd.		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		-	
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subte	otal 245	94

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page



I I EMIZED CONTRIBUTIONS SCHEDULE 2A 1. Committee 1.1	138023
INDEDENDENT OF POLITICAL COMMITTEE	Dalaha
INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Na	
Please enter contributor's name and address. If contribution is from an individual, enter last na and middle initial. Check box to indicate if contribution is from a Political Committee or an Inde Committee (Both are commonly called PACs).	pendent 6. Amount 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08 Name & Address:	
Sessa, Michael P. 39504 Chart St.	\$ <u>25</u> \$
39524 Chact St. Twp, MI 48045 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund F	Raiser
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08 Name & Address:	
Reger Ralph 14156 Glenwood De	\$ <u>35</u> \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation Employer	
Business Address	····
	nd Raiser
	na Raiser
3. Contribution # 3 Is this contribution from a PAC? YES 4. Date of Receipt 3-/5-08	
Name & Address:	250
nevels, nancy	\$ <u>~~</u>
49699 Lehr De	Click Here for Memo Itemization Type
Ma comb, MI HOUL i. If over \$100.00 cumulative, please provide:	Onor Fold to Mond talingador Type
if over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Ra	aiser
8. Contribution # 4	
Vosbueg, Duane III.	<u>\$ 50 </u>
VOS bueg, Duane W. 47395 Sugaebush Chestech ed NI 48047	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund	Raiser
,	Page Subtotal

Grand Total of Ali Schedules 2A (Complete on last page of Schedule)

Enter this total

on line 3a of Summary Page

Page 2 of 6



ITEMIZED CONTRIBUTIONS	12 660 3
SCHEDULE 2A 1. Committee I.D. Number _	138923
INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name Port	est one Futre Macon
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08 Name & Address:	(1)
Worniak, Douglas C.	\$
Worniak, Douglas C. 53831 Whithy way Shelby Twp, MI 48316 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation Employer	
Business Address	_
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08 Name & Address:	
La Rouche, Cos J.	\$ 25
374ces dubhouse de	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	-
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3	
Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08	
Name & Address:	ne w
Mayraed Jaced	\$_25
Maynaed, Jaced 4518 Utica Green East Shelby Tup, MI 48317 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3 Contribution # 4	
Is this contribution from a PAC? YES 4. Date of Receipt 3-15-08 Name & Address:	
	<u>\$ 320° s </u>
Szczepowski, Ed 4057 Bradford	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Waty Rammissiance Employer Macant County	
Business Address One South main St mt. Clemens, MI	
Type of Contribution: V Direct Loan from a person Y Fund Raiser	

Page Subtotal

Grand Total of All Schedules 2A (Complete on last page of Schedule)

395%

Enter this total on line 3a of Summary Page

Page <u>3</u> of <u>6</u>



MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

(COMMINION HOND	
SCHE	DULE 2A	1

ITEMIZED CONTRIBUTIONS SCHEDULE 2A	1. Committee I.D. Number	138023	3
INDEDENIDENT OF POLITICAL COMMITTEE	2. Committee Name	of Die	Fretze Macon
Please enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political ComCommittee (Both are commonly called PACs).	lual, enter last name, first name,	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 3	-15-08		date of receipt)
Hlavin, Jeff		<u> 100 °</u>	\$
13543 Winderage Ct			
5. If over \$100.00 cumulative, please provide:		Click Here for I	Memo Itemization Type
Occupation Employer			
Business Address			
Type of Contribution: \(\times \) Direct \(\times \) Loan from a person	Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 3 Name & Address:	15-08		
Tollis, Daniel		\$ 30°°	\$
43370 Devin 6. If over \$100.00 cumulative, please provide:	>	Click Here for M	demo Itemization Type
6. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 Is this contribution from a PAC? YES 4. Date of Receipt 3	15-08	•	
Name & Address:		m ~ 100	
Committee to Elect Keith Sac	louski'	s_25_	. \$
4759 Haynan		Click Here for M	lemo Itemization Type
4759 Hayman Waesen MI 48092 5. If over \$100.00 cumulative, please provide:			
Occupation Employer	 		
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
Contribution # 4 Is this contribution from a PAC? Name & Address: 4. Date of Receipt Name & Address:			
Vitale Dence ain	ş	<u>100</u>	\$
Vitale, Peocopio 38042 N. Bonkay DR		Click Here for M	lemo Itemization Type
5. If over \$100.00 cumulative, please provide:		·	
Occupation Employer			
Business Address — —————————————————————————————————	/ 1		
Type of Contribution: Direct Loan from a person	Fund Raiser	 	
	Page Subtota		-
(C	Grand Total of All Schedules 2 complete on last page of Schedul		

Enter this total on line 3a of Summary Page

Page of (



ITEMIZED CONTRIBUTIONS SCHEDULE 2A INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number	138023)	
2. Committee Name	<u> </u>	Fretze 1	lacons

INDEFENDENT OR FOLLITCAL COMMITTEE 2. Committee Name Personal Committee Name P	to it due mente Mac
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 3-4-08	gate of receipty
Is this contribution from a PAC? YES 4. Date of Receipt 3-9-08 Name & Address:	
VOSBURG, Kathy D. 47395 Sugarbush Rd 5. If over \$100.00 cumulative, please provide:	s 20°° s
4/395 Sugarbush Rd	
	Click Here for Memo Itemization Type
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt	() ()
Basin, Conold	\$_5 <u>6</u> \$
3511 Divoloin De	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	CHARTON IN THE NOTICE CONTESTION 1980
Decupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 YES 4. Date of Receipt 4-8-08	
s this contribution from a PAC?	
Name & Address:	~~~ \ W
Kummer, Fred	\$ <u>50</u> \$
Kunner, Fred 37328 Durdee De	Click Here for Memo Itemization Type
. If over \$100.00 cumulative, please provide.	One violation from termination Type
. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
S. Contribution # 4 sthis contribution from a PAC? YES 4. Date of Receipt U-15-08	
Name & Address:	1/5-10
SZCZEPOWSKI FOL	\$ 100 \$ 400
SZCREPOWSKI, Ed 4057 Bradford	Click Here for Memo Itemization Type
Shall by Trop AN 40217	
5. If over \$100.00 cumulative, please provide:	
Occupation WAY Commissioner Employer Mcl Comb County	_
Business Address Das South main & mt. clemas, MI	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Sub	total
Grand Total of All Schedule	i i
(Complete on last page of Sched	uule/ [

Enter this total on line 3a of Summary Page

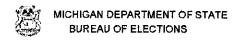
Page <u>5</u> of <u>6</u>



***************************************	ITEMIZED CONTRIE		1. Committee I.D. Number	138023	
INDE	PENDENT OR POLITIC	=	2. Committee Name $\mathcal{P}_{\mathcal{O}}$	stept our	Future Mac
and middle initial	tributor's name and address. Check box to indicate if cortain are commonly called PACs)	ntribution is from a Political Co	vidual, enter last name, first na	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution a ls this contribution Name & Address	on from a PAC? YES	4. Date of Receipt 3	27-08		_
Renga	elt, Keith	'al		\$ 100°	\$ 3000
5. If over \$100.	Richmy .00 cumulative, please prov	2d nd, M148062	2	Click Here for	Memo Itemization Type
Occupation(1)	inty commission	Employer Macent	= county		
	so One South 1			-	
3. Contribution : Is this contribution Name & Address	on from a PAC? \[\sum \]YES	4. Date of Receipt 3	27-08		
TaxF	Fighter - Mi	ke Sessa		5 B70	5 <u>\$</u>
à 77u	5 Moran Herepism	Two, Nei 4802	<i>t</i> ⊃	Click Here for M	Memo Itemization Type
•	iv cumulative, please provid	le:	. ~		
Occupation	tilled	Employer	·	_	
Business Addres	ss	<u> </u>			
Type of Contribu	tion: X Direct	Loan from a person	Fund Raiser	•	
3. Contribution #					
s this contribution	n from a PAC?	4. Date of Receipt			
Name & Address	:				
				\$. \$
				Click Horo for N	lemo Itemization Type
				Click riere for ly	emo temization Type
. If over \$100.00	0 cumulative, please provid	e:			į
5	_				
Occupation	E	mployer			
Business Addres	s				
Type of Contribut	tion: Direct	Loan from a person	Fund Raiser		
Contribution # this contribution Name & Address	n from a PAC?	4. Date of Receipt			
HALIF & MUNICOS	••			\$	\$
				Click Here for M	emo Itemization Type
5. If over \$100.	00 cumulative, please provi	ide:			
Occupation		Employer			
Business Addres	ss				
Type of Contribu	□	Loan from a person	Fund Raiser		
			Page Su Grand Total of All Schedu	les 2A 1 1 1 1 1 2 1 7 2 1 3	1407 05
			(Complete on last page of Sch	edule)	11447.05

Enter this total on line 3a of Summary Page

Page Lo of Lo



1. Committee I.D. Number ITEMIZED DIRECT EXPENDITURES **SCHEDULE 2B** Hert Over Fietres M INDEPENDENT OR POLITICAL COMMITTEE 3. Name and address of person or vendor to whom 8. Cumulative 6. Date 7 Amount the expenditure was made 5. Candidate or Ballot Question Information for Election or Election Cycle Expenditure #1 Name & Address: Name of Candidate 1440 GRAPHICS S. HAIN ST 67353 Office Sought & District # or Jurisdiction ME 48062 CHOPINSTA Click Here for Memo Itemization Type County 4. Purpose: INPORTATION CARDS COUNTY CHARTER OMODAM Ballot Proposal Check box if expenditure is payment of Debt Fund Raiser or Obligation reported on previous statement Expenditure #2 Name & Address: Name of Candidate Date Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type County Ballot Proposal 4. Purpose: _ Check box if expenditure is payment of Debt Fund Raiser or Obligation reported on previous statement Expenditure #3 Name & Address: Name of Candidate Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type County 4. Purpose:_ **Ballot Proposal** Check box if expenditure is payment of Debt **Fund Raiser** or Obligation reported on previous statement Expenditure #4 Name & Address: Name of Candidate Office Sought & District # or Jurisdiction Click Here for Memo Itemization Type County **Ballot Proposal** 4. Purpose: Check box if expenditure is payment of Debt Fund Raiser or Obligation reported on previous statement Subtotal this page 53.60

(Complete on last page of Schedule) 53.65 Enter this total on line 8a of the Summary Page

Grand Total of all Schedules 2B

Page ____ of ___



Page ____ of ____

ITEMIZED IN-KIND EXPENDITURES SCHEDULE 2B-2 1. Committee I. D. Number 138023

INDEPENDENT OR POLITIC	CAL COMMITTEE 2. Committee Name			
Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	Rair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name & Address: NATHAN HLAVIN 18905 ENGLAND DR MACOND TOWNSHIP 480°	4. Endorsement or guarantee of bank loan Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN	\$ Click I	\$ 4.55	\$ation Type
Name of Candidate Office Sought & District # or Jurisdiction MACOMB County CHARTER Ballot Proposal	Description UDEL BATA 5. DATE OF EXPENDITURE: 2/26/08 6. VENDOR NAME & ADDRESS: MACOITO COUNTY CLERK 40 MORTH HAIN ST MT CLEITONS, MI 48043			
Expenditure #2 Name & Address: NATHAN NLAVIN 18905 CHGLAND DR HACORS TOWNSKE 48043	4. Endorsement or guarantee of bank loan Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN	s_O	\$ <u>3</u> 4\\(\(\delta\)	\$
Name of Candidate Office Sought & District # or Jurisdiction (Y A くらいむ) County CHPRTミR Ballot Proposal	Description PUNDRATSER 5. DATE OF EXPENDITURE: 3/15/08 6. VENDOR NAME & ADDRESS: HAIYLIN PUB 48729 HAYES AD SKELGY TUP, MI 48315	Click F	lere for Memo Itemiz	ation Type
Expenditure #3 Name & Address:	4. Endorsement or guarantee of bank loan Goods Donated or Loaned Services Donated Goods or Services Purchased Goods or Services Purchased - LOAN	\$ Click F	\$ Here for Memo Itemiz	\$ation Type
Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposat	Description 5. DATE OF EXPENDITURE: 6. VENDOR NAME & ADDRESS:			
Dallot Flopusat	Page Subtotal	O	304.55	
	Grand Total of all Schedules2B-2 (Complete on last page of Schedule)	Enter this total	3d4 . 55 Enter this total on	201
•		on line 8c of the Summary Page	line 11 of the Summ	ary



DEBTS AND OBLIGATIONS SCHEDULE 2E

1. Committee I.D. Number_	138023	

POLITICAL OR INDEPENDENT COMMITTE	E 2. Committee Name <u>上</u>	rottet our	rutike	Maconto
This Schedule itemizes:				
a. Debts and obligations owed by or forgiven the	committee OR b.	Debts and obligations	wed <u>to</u> or forgive	n <u>by</u> the committee.
(Check ei	ther a or b. Use only for the purpos	e checked.)		
Name and mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	payment to	9. Outstanding Balance at close of
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Indicate date debt was incurred Indicate original amount of debt		date on debt	this period (Item 6 minus Item 8)
Debt #1 Corp? Yes	4. Type: REITHURSEDENT	Φ.		
Owed to or by:	WITH DATE	<u>\$</u>	s_ O	s 4.55
HATKAN KLANIN	5. <u>Date Debt Was Incurred</u> :	\$	\$	\$_1.33
18902 ENGLAND DR	3/36/08	\$		
SPORH 9 LOT OFFICEAN	6. Original Amount of Debt	\$		
	\$ 4.55	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes	4 Tone of the OSE BOAT			
Owed to or by:	4. Type: REIHOURSCHENT R FUHDRATSEA		ŀ	
MATHAN HLAVIN	5. Date Debt Was Incurred:	\$. 6	202
• • • • • • • • • • • • • • • • • • • •		\$	\$	<u>\$ 300</u>
18905 ENGLAND DR	3/15/08	*		
MACOUR TWP 48042	6. Original Amount of Debt	\$		
* *	\$ 300	<u> </u>		FORGIVEN
		\$	Į į	
If bank loan, name of endorser or guarantor:		Amor	ınt Endorsed: \$	
Debt #3 Corp? Yes	4. Type:	\$		
——	4. 1) pc		1	
	5. Date Debt Was Incurred:	\$	s	\$
		.\$	7	
	6. Original Amount of Debt:	\$		
		\$	}	FORGIVEN
	\$	<u> </u>	J	
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	1
		Page Subtotal (C	utstanding debt)	304.55
(Cor	mplete on last page of Schedule sh		all Schedules 2E the committee.)	304.55
				Enter this total on line 12a "owed
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				

Summary Page

Page _____ of ____



FUND RAISER SCHEDULE 2F

1. Committee I.D. Number 138523	
2. Committee Name Profest Oue Futule Macon	b
TE SHEET FOR EACH EVENT -	

	HOE A CEDADATE OF	EET EOD EAOU EVEN	.,	
3. Date Event Was Held	- USE A SEPARATE SH 4. Number of Individuals Attending	5. Type of Fund Raising A	C Address and Name (frame) of the	
3. Date Event yyas neid	or Participating (whichever is greater)	5. Type of Fund Raising A	place where the activity was held	
alalas	_	Dinner	HAMLIN PUB 48 239 HA46S RD	
3/15/08	12	Diriver	SHELBY TWP, ME 4831	
			Private Residence	
. Total Contributions	700			
8. Other Receipts	0			
. Gross Receipts (Add lines 7 and	700			
0. Total Cost of Event	ost of Event 3 らの		*Includes In-Kind Contributions and All Expenditures Made For the Event	
1. Check if event was a joint for	und raiser and complete the followi	ng:		
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)	
	<u></u>			
				

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page	1	of	l	
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